

SERVICE CODE DESCRIPTIONS

Fiscal Year 2000-01

These service code definitions are identified in the FY 1993-94 Appendices of Guidelines for Preparation and Submission of Substance Abuse Prevention and Treatment Plan for County Alcohol and Drug Programs. Other references are indicated in brackets.

SUPPORT SERVICES

00 - County Support

This includes administrative, management, and support functions not specifically defined in the other Support Services components. [Federal Definition]

01 - Quality Assurance

This includes activities to assure conformity to acceptable professional standards and identify problems that need to be remedied. These activities may occur at the State, county, or program level. County administrative agency contracts to monitor service providers fall in this category, as do peer review activities. [Federal Definition]

02 - Training

Post-Employment - This includes staff development and continuing education for personnel employed in local programs as well as support and coordination agencies, as long as the training relates to substance abuse service delivery. Typical costs include course fees, tuition and expense reimbursements to employees, trainer and support staff salaries, and certification expenditures. [Federal Definition]

03 - Program Development

This includes consultation, technical assistance, and materials support to local providers and planning groups. Normally these activities are carried out by State and county level agencies. [Federal Definition]

04 - Research and Evaluation

This includes activities or components related to research and evaluation of clinical trials, demonstration projects to test feasibility and effectiveness of a new approach, and performance evaluation of service programs. These activities might be carried out by the State agencies or a county contractor. [Federal Definition]

05 - Planning, Coordination, Needs Assessment

This includes State, regional, and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis, writing, and travel. It also includes operating costs such as printing, advertising, and conducting meetings. Any contracts with community agencies or local governments for planning and coordination fall in this category, as do needs assessment projects to identify the scope and magnitude of the problem, resources available, gaps in services, and strategies to close those gaps. [Federal Definition]

06 - Start Up Costs

Those costs associated with the initial development of a program within the 90 days immediately prior to the provider's ability to provide services. Typically, these costs include (but are not limited to) those for administrative and staff salaries, training, rent, utilities, and repairs. [Federal Definition]

08 - Cost Efficiencies – Not Applicable with Cost Reports

Cost efficiencies are designated unexpended State General Funds (SGF) and/or Perinatal SGF savings identified on April 1 as unexpended for use in the next fiscal year. County match funds must be included. [ADP Letter #97-17 dated March 24, 1997]

SAPT Block Grant and SDFSC funding must be included within the cost efficiencies Service Code 08 under Program Code 80 (Unexpended Federal Funds) for purposes of budgeting costs that will be expended in the next state fiscal year.

This service code is for budget purposes only and is not used in the cost report.

09 – Alteration or Renovation

This includes costs associated with the alteration or renovation of alcohol recovery/ drug treatment facilities. A waiver must be granted by the Federal government prior to using SAPT funds. [Federal Definition]

PRIMARY PREVENTION

11 - Other

The six primary prevention strategies, codes 12 through 17, have been designed to encompass nearly all of the prevention activities. However, in the unusual case an activity does not fit one of the six strategies, it may be classified in the "Other" category. [Federal Definition and ADP Letter #96-47 dated September 19, 1996]

12 - Information Dissemination

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Clearinghouse/information resource center(s);
- b. Resource directories;
- c. Media campaigns;
- d. Brochures;
- e. Radio/TV public service announcements;
- f. Speaking engagements;
- g. Health fairs/health promotion; and
- h. Information lines.

[Federal Definition]

13 - Education

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Classroom and/or small group sessions (all ages);
- b. Parenting and family management classes;
- c. Peer leader/helper programs;
- d. Education programs for youth groups; and
- e. Children of substance abusers groups.

[Federal Definition]

14 - Alternatives

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol, tobacco and other drugs and would, therefore, minimize or obviate resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Drug free dances and parties;
- b. Youth/adult leadership activities;
- c. Community drop-in centers; and
- d. Community service activities.

[Federal Definition]

15 - Problem Identification and Referral

This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Employee assistance programs;
- b. Student assistance programs; and
- c. Driving while under the influence/driving while intoxicated education programs.

[Federal Definition]

16 - Community-Based Process

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- a. Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff officials training;
- b. Systematic planning;
- c. Multi-agency coordination and collaboration;
- d. Accessing services and funding; and
- e. Community team-building. [Federal Definition]

17 - Environmental

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy can be divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include, but not be limited to, the following:

- a. Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
- b. Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
- c. Modifying alcohol and tobacco advertising practices; and
- d. Product pricing strategies.

[Federal Definition]

SECONDARY PREVENTION - These strategies do not count toward the 20 percent primary prevention requirement

18 - Early Intervention

This strategy is designed to come between a substance user and his or her actions in order to modify behavior. It includes a wide spectrum of activities ranging from user education to formal intervention and referral to appropriate treatment/recovery services.

19 - Outreach and Intervention

This service code is defined as activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

Depending on the funding source of the program determines the type of unit information that must be reported. The following is a listing of which unit information must be reported.

20 - Intravenous Drug User (IDU or IVDU)

Activities for the purpose of encouraging those individuals in need of treatment to undergo such treatment.

21 - Referrals, Screening, and Intake

Activities involved in the assessment of a client's needs regarding treatment to ensure the most appropriate treatment. This may include the completion of record-keeping documents.

24 - California Mentor Initiative (CMI)

The CMI is designed to enhance and expand mentor service programs across the state. For the purposes of CMI, mentoring is defined as a relationship over a prolonged period of time between two or more people where older, wise, more experienced individuals provide constant, as needed support, guidance, and concrete help to the younger at-risk persons as they go through life. An "at-risk" youth is an individual under 19 years of age whose environment increases his/her chance of becoming a teen parent, school dropout, gang member, or user of alcohol or drugs.

Targeted children and youth must not be normally served by the State or local educational agencies or must be in need of special services or additional resources. [Title IX, Section 4114(b) of the Safe and Drug Free Schools and Communities (SDFSC) Act]

Funding under the CMI is restricted to five percent administrative costs and secondary prevention services. [Title IX, Section 4114(a)(3) of the SDFSC Act]

NONRESIDENTIAL

30 - Rehabilitative Ambulatory Intensive Outpatient (Day Care Habilitative)

Day Care Habilitative (DCH) services are those that last two or more hours but less than 24 hours per day for three or more days per week. Programs that are DMC certified are required to provide services that last three or more hours but less than 24 hours, per day, for three or more days per week. This service definition includes day care habilitative programs which provide counseling and rehabilitation services to Medi-Cal beneficiaries with substance abuse impairments. Clients may live independently, semi-independently, or in a supervised residential facility which does not provide this service. DCH differs from Outpatient Drug Free care in which clients participate according to a minimum attendance schedule and have regularly assigned treatment activities.

Medi-Cal Beneficiaries: DMC reimbursement for Day Care Habilitative services shall be available only for services provided to pregnant and postpartum beneficiaries or beneficiaries under the age of 21 who are targeted for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services. Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for regular D/MC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2000]

32 - Aftercare

Structured services offered to an individual who has completed treatment, typically for a set period of time (e.g., six months), to ensure successful recovery.

33 - Rehabilitative/ Ambulatory Outpatient or Outpatient Drug Free (ODF) -Group

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

Medi-Cal Beneficiaries Only: Each client shall receive two group counseling sessions (minimum 90 minutes per group session) per 30-day period depending on his/her needs and treatment plan or be subject to discharge. Group counseling means face-to-face contacts in which one or more counselors treat four or more clients, up to a total of ten clients, at the same time, focusing on the needs of the individuals served. [Title 22, July 1, 2000]

Providers that receive **only NNA funding** are required to identify staff hours; however, they have the option of reporting the total number of group sessions and the number of individuals in those group sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC program codes the following:

- total number of staff hours (NNA)
- total number of group sessions (NNA and DMC)
- total number of individuals in those group sessions (NNA and DMC)

34 - Rehabilitative/Ambulatory Outpatient or Outpatient Drug Free (ODF) - Individual

Treatment/recovery or rehabilitation services provided where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and/or supportive services. This is also known as nonresidential services in the alcoholism field. [Federal Definition]

Medi-Cal Beneficiaries Only: Each shall receive individual counseling, which is face-to-face contact between a client and a therapist or counselor. Individual counseling is limited to intake, evaluation, assessment and diagnosis, treatment and discharge planning, collateral services, and crisis intervention. [Title 22, July 1, 2000]

Providers that receive **only NNA funding** are required to identify staff hours; however, they have the option of reporting the number of individual sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC program codes the following:

- total number of staff hours (NNA)
- total number of individual sessions (NNA and DMC)

35 - Interim Treatment Services - CalWORKs

This service code will be utilized for CalWORKs clients whose use of alcohol or drugs has interfered with their performance in the workplace or in school. Each client will receive short-term outpatient treatment services (no longer than eight weeks) of group and/or individual counseling sessions depending on his or her needs. This service includes any activity designed to assist the individual in determining a need for more intensive alcohol and other drug treatment.

NARCOTICS TREATMENT SERVICES

41 - Outpatient Methadone Detoxification (OMD)

This service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication, are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification treatment for reporting purposes.

42 - Inpatient Methadone Detoxification (IMD)

In a controlled, 24-hour hospital setting, this service element is comprised of the provision of narcotic withdrawal treatment pursuant to CCR Title 9, beginning with Section 10000, to clients who, with the aid of medication are undergoing a period of planned withdrawal from narcotic drug dependence. Withdrawal without medication is not considered detoxification for reporting purposes.

43 - Naltrexone Treatment

The use of Naltrexone (Trexan) is to block the effects of heroin and other narcotics or opioids, such as codeine, pentazocine (Talwin), morphine, oxycodone (Percodan), and hydromorphone (Dilaudid). Services include medication; medical direction; medically necessary urine screens for use of substances; counseling; and other appropriate activities and services.

44 - Rehabilitative Ambulatory Detoxification (Other than Methadone)

Rehabilitative ambulatory detoxification is defined as outpatient treatment services rendered in less than 24 hours that provide for safe withdrawal in an ambulatory setting (pharmacological or nonpharmacological). [Federal Definition]

48 - NRT All Services

METHADONE - This service element is comprised of the provision of methadone as prescribed by a physician to alleviate the symptoms of withdrawal from narcotics; and other required/appropriate activities and services provided in compliance with California Code of Regulations (CCR) Title 9, Chapter 4, beginning with Section 10000. Services include intake, assessment and diagnosis; all medical supervision; urine drug screening; individual and group counseling; admission physical examinations and laboratory tests.

LAAM is an opioid medication that is used as one component of a comprehensive replacement narcotic therapy program, which includes medical evaluation, treatment planning, and counseling. [Title 22, July 1, 2000]

GROUP COUNSELING - Face-to-face contacts in which one or more therapists or counselors treat two or more clients at the same time, focusing on the needs of the individuals served. For DMC reimbursement, groups must have a minimum of four and a maximum of 10 persons; at least one must be a Medi-Cal eligible beneficiary. [Title 22, July 1, 2000]

INDIVIDUAL COUNSELING - Face-to-face contacts between a beneficiary and a therapist or counselor. Telephone contacts, home visits, and hospital visits shall not qualify as Medi-Cal reimbursable units of service. [Title 22, July 1, 2000]

For ALL Applicable Service Codes, providers are required to report LICENSED CAPACITY to determine cost per unit. Providers are also required to report the following:

- number of methadone doses (separate NNA and DMC units)
- number of methadone milligrams dispensed (combined NNA and DMC amount)
- number of LAAM doses (separate NNA and DMC units)
- number of LAAM milligrams dispensed (combined NNA and DMC amount)
- number of 10-minute group counseling sessions (separate NNA and DMC units)
- number of 10-minute individual counseling sessions (separate NNA and DMC units)

RESIDENTIAL

NOTE: The Department must license all non-medical adult residential facilities that provide alcohol and drug treatment services on-site. Providers should contact ADP's Quality Assurance Division for licensure information.

50 - Free-Standing Residential Detoxification

Free-standing residential detoxification is defined as services in a non-hospital setting that provide for safe withdrawal and transition to ongoing treatment. [Federal Definition]

51 - Residential/Recovery Long Term (over 30 days)

Long-term residential care is typically over 30 days of nonacute care in a setting with recovery/treatment services for alcohol and other drug use and dependency [Federal Definition]. Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; detoxification services; and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children. [Title 22, July 1, 2000]

Medi-Cal Beneficiaries Only: Only pregnant and postpartum women are eligible to receive DMC drug abuse services through perinatal certified programs. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for non-DMC services (non-Perinatal State General Funds and non-DMC perinatal programs). [Title 22, July 1, 2000]

The licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2000]

52 - Residential/Recovery Short Term (up to 30 days)

Short-term residential care is typically 30 days or less of nonacute care in a setting with recovery/treatment services for alcohol and other drug abuse and dependency [Federal Definition].

Services are provided by program-designated personnel and include the following elements: personal recovery/treatment planning; educational sessions; social/recreational activities; individual and group sessions; and information about, and may include assistance in obtaining, health, social, vocational, and other community services.

Perinatal residential funding is intended for gender specific residential services tailored to meet the recovery and treatment needs of women and their children.

Medi-Cal Beneficiaries: Only pregnant and postpartum women are eligible to receive DMC-funded drug abuse services through Perinatal certified programs. The postpartum period is defined as a sixty (60) day period beginning on the last day of pregnancy, regardless of whether other conditions of eligibility are met. Eligibility shall end on the last day of the calendar month in which the 60th day occurs. Parenting women who are Medi-Cal eligible are still eligible for regular DMC services (non-Perinatal State General funds) and non-DMC perinatal programs. [Title 22, July 1, 2000]

Licensed treatment capacity of a facility eligible for DMC perinatal certification cannot be more than 16 persons. Beds occupied by children are not counted toward the 16-bed limit. The facility may not share food, shelter, treatment or services with another alcohol or drug recovery

or treatment residential facility unless the combined treatment capacity of all the facilities is 16 or less. [Title 22, July 1, 2000]

53 - Hospital Inpatient Detoxification (24 Hours)

Hospital inpatient detoxification is defined as medical acute care services for detoxification for persons with severe medical complications associated with withdrawal. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

54 - Hospital Inpatient Residential (24 Hours)

Hospital inpatient residential care is medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. (SAPT Block Grant Funds cannot be used to fund these services). [Federal Definition]

55 - Chemical Dependency Recovery Hospital (CDRH)

All treatment programs, or components thereof, located in a Department of Health Services' licensed CDRH fall under this service definition. Services are provided on the basis of a 24-hour day unit of service. State General Funding used for this service must have a county match of 90%. This requirement is identified in DDP Letter #83-65 dated December 29, 1983. [Title 22, Chapter 11]

56 - Transitional Living Center (Perinatal and Parolee Services)

A Transitional Living Center (TLC) is a facility designed to help persons maintain an alcohol- and-drug free lifestyle and "transition" back into the community. TLC activities are supervised, although not necessarily 24 hours per day, within an alcohol- and drug-free environment. Attendance at recovery and treatment services is mandatory, although those services need not be on-site. If services are provided on-site, ADP must license the facility. TLCs are not required to provide child care, case management, transportation, education, or primary or pediatric care as the provision of these services are the responsibility of the treatment program the resident attends. [Perinatal Services Guidelines - Fall 1997]

57 - Alcohol/Drug-Free Housing (ADFH) (Perinatal and Parolee only)

ADFH centers help recovering persons to maintain an alcohol- and drug-free lifestyle. Residents are free to organize and participate in self-help meetings or any other activity that helps them maintain sobriety. The house or its residents do not and cannot provide any treatment, recovery, or detoxification services; do not have treatment or recovery plans or maintain resident files; and do not have a structured, scheduled program of alcohol and drug education, group or individual counseling, or recovery support sessions.

Only ADFH centers participating in the Parolee Services Network are eligible for ongoing funding. Only the start-up phase of ADFHs can be funded with SGF. Start-up costs are limited to the following one-time expenditures that prepare the residence for occupancy: first and last month's deposit to secure a property; security and utilities deposits; and furniture that meets basic needs. Federal funds **cannot** be used to start or fund ADFHs on an ongoing basis. [Perinatal Services Guidelines - Fall 1997]

ANCILLARY SERVICES

22 - Perinatal Outreach

Perinatal Outreach is an element of service that identifies and encourages eligible pregnant and parenting women in need of treatment services to take advantage of these services. Outreach may also be used to educate the professional community on perinatal services so that they become referral sources for potential clients. [Perinatal Services Network Guidelines - Fall 1997]

63 - Cooperative Projects

This code allows for funding of special projects that have been approved by the Department prior to funding. [ADP Letter #96-21 dated April 12, 1996]

Cooperative Projects are those which the Department and a County conjointly utilize strategies and activities to expand or enhance alcohol and drug services.

64 - Vocational Rehabilitation

Services which provide for gaining and maintaining job skills which will allow for productive employment. Vocational rehabilitation includes vocational testing, counseling, guidance, job training, job placement, and other relevant activities designed to improve the alcoholic person's ability to become economically self-supporting. [Alcohol Services Reporting System Manual]

Federal or State funding is not allowed for this service.

65 - HIV Early Intervention Services

Those activities involved in the prevention and delay of the progression of HIV by encouraging HIV counseling, testing, assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs.

66 - Tuberculosis (TB) Services

These services provide counseling and testing regarding tuberculosis offered to individuals either seeking treatment or receiving treatment for substance abuse.

67 - Interim Services (within 48 hours)

Interim services are those services offered to injecting drug users or pregnant women seeking substance abuse treatment who cannot be admitted to a program due to capacity limitations.

68 - Case Management (Perinatal and Parolee Only)

Case Management services are activities involved in the integrating and coordinating of all necessary services to ensure successful treatment and recovery. Services may include outreach, intake, assessment, individual services plans, monitoring and evaluation of progress, and community resource referrals.

NOTE: Programs that receive perinatal funds must provide or arrange for case management services. [Perinatal Services Guidelines - Fall 1997]

69 - Primary Medical Care (Perinatal Only)

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for pregnant women and women with dependent children who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include referrals for prenatal care. [Perinatal Guidelines - Fall 1997]

70 - Pediatric Medical Care (Perinatal Only)

This is an element required in SAPT Block Grant funded perinatal programs. The program must provide or arrange for this service, which does not include specialist care or hospitalization for the children of women who are receiving substance abuse services. If the care is not covered by a third party provider, SAPT Block Grant funds may be used as the payment of last resort. This service must include immunizations.

71 - Transportation (Perinatal and Parolee Only)

This service is the provision of or arrangement for the transportation of a client to and from treatment services.

DRIVING UNDER THE INFLUENCE

90 - Driving Under the Influence

This service is a first offender, 18-month, or 30-month alcohol and drug education and counseling program for persons who have a driving or boating violation involving alcohol and/or other drugs, which has been recommended by the county board of supervisors and is licensed by the Department.

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